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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17632** (3)

1. Corporation Name

**CITRUS HILLS WOMEN'S CLUB, INC.**



Principal Place of Business <b>P. O. BOX 1494 HERNANDO FL 34442 US</b>	Mailing Address <b>P. O. BOX 1494 HERNANDO FL 34442-1494 US</b>
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3. Date Incorporated or Qualified <b>11/03/1986</b>	3a. Date of Last Report <b>02/26/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-2952634</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NASH, JUNE  
796 E. IRELAND CT.  
HERNANDO FL 34442**

81 Name <b>HAMLIN, CLARA L.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>684 E. KELLER CT.</b>
83 <b>HERNANDO, FL 34442</b>
84 City <b>FL</b>
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Clara L. Hamlin*

**2/7/97**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NASH, JUNE</b>		1.2 NAME <b>HAMLIN, CLARA L.</b>	
STREET ADDRESS <b>796 E. IRELAND CT.</b>		1.3 STREET ADDRESS <b>684 E. KELLER CT.</b>	
CITY-ST-ZIP <b>HERNANDO FL</b>		1.4 CITY-ST-ZIP <b>HERNANDO, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CUMMINS, JUDY</b>		2.2 NAME <b>ROSEBERRY, MILDRED</b>	
STREET ADDRESS <b>745 E. JENKINS CT</b>		2.3 STREET ADDRESS <b>270 W. LIBERTY ST.</b>	
CITY-ST-ZIP <b>HERNANDO FL</b>		2.4 CITY-ST-ZIP <b>HERNANDO, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HAMLIN, CLARA L.</b>		3.2 NAME <b>THURSTON, PATRICIA</b>	
STREET ADDRESS <b>684 E. KELLER COURT</b>		3.3 STREET ADDRESS <b>508 E. JENKINS CT.</b>	
CITY-ST-ZIP <b>HERNANDO FL</b>		3.4 CITY-ST-ZIP <b>HERNANDO, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BROWN, SANDY</b>		4.2 NAME <b>KAZURA, FRANCES</b>	
STREET ADDRESS <b>160 GRANDVIEW ST.</b>		4.3 STREET ADDRESS <b>230 E. FALCONRY CT.</b>	
CITY-ST-ZIP <b>HERNANDO FL</b>		4.4 CITY-ST-ZIP <b>HERNANDO, FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia A. Thurston* **THURSTON, PATRICIA A.** **2/7/97** **352 521 2193**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0065155**

CR2E037 (9/96)